

# SEASON PASS

THIS FORM MUST BE COMPLETED AT TIME OF PURCHASE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ SINGLE PASS

☐ FAMILY PASS

LIST FAMILY MEMBER NAME(S) AND RELATION IN **SAME HOUSEHOLD**

_____	_____
_____	_____
_____	_____
_____	_____

PARENT/GUARDIAN: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY PHONE #: \_\_\_\_\_

**Unaccompanied minors (16 and under) will not be allowed to leave the premises and re-enter. Regular admission will be charged for re-entering the pool.**

**The undersigned agrees to indemnify and hold harmless the City of Leitchfield and their agents and employees from and against all claims, damages, losses and expenses of any nature or description arising out of the use of the premises by any person whatsoever. Also to obey the rules at the facility, failure to obey the rules will be cause for termination of future use.**

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

\_\_\_\_\_  
DATE

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POOL PASS

AMOUNT PAID: \_\_\_\_\_

CHECK ( ) CASH ( )

TAKEN BY: \_\_\_\_\_

DATE: \_\_\_\_\_